

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/674024

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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TOTAL IND.	3				
TOTAL DEP.	39				
TOTAL CLAIMS	42				

INC.	DEP.	INC.	DEP.	INC.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

BEST AVAILABLE COPY